



**CITY OF BURLINGTON
BOARD OF HEALTH**

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BOARD OF HEALTH•

Austin Sumner, Chair • David Casey • Mary D. Hart • Julie Hathaway • Caroline Tassey

BOARD ADMINISTRATOR

Linda Ayer

HEALTH OFFICER

William Ward

INTERNS:

Emma Hevey – Grace Hevey

**MINUTES FOR REGULAR MEETING OF
BURLINGTON BOARD OF HEALTH
ROBERT MILLER COMMUNITY CENTER
THURSDAY, MARCH 14, 2013, 5:30 PM**

Attending: *Austin Sumner, Caroline Tassey, David Casey, Julie Hathaway, Mary Hart, Linda Ayer*

Absent: *William Ward, Grace Hevey, Emma Hevey*

Public: *Hannah Swanson, Steven Morris*

Meeting called to order by Chair, Austin Sumner at 5:45 PM

ITEM	DISCUSSION	ACTION
1. Approval of Agenda and Minutes of Prior Meeting	Agenda Amendments: Time adjustments	Approved: Agenda Approved: Minutes of February 21, 2013

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2. Public Forum	Steven Morse – MASW – Assisting Substance Abuse Councilor at Hunt Middle School Hannah Swanson – UVM Senior who is working with Allison Nihard on Ag Committee re: Urban Ag ordinance.	
3. Emerging Issues	Childcare issues: Discussed adding a speaker to address childcare issues with BOH. Marijuana issue: Subcommittee work on Substance Abuse with Julie Hathaway and Mary Hart will address this issue. F-35- City attorney’s statement implies that since the city has its own charter that this makes it an independent issue. Robert Joseph document provides a scientific consensus that noise is a health factor and cited BOH resolution.	
4. Urban Agriculture City Council Directive	Two issues: <ul style="list-style-type: none"> • Sec. 1.8 Waste disposal should be clarified. Be prescriptive re: hygiene associated with slaughtering. In a regulatory system, need to establish best practices to dispose of waste with brevity, clarity and ease of interpretation. A. Urban Agriculture committee may soon be in partnership with Conservation Law Organization pertaining to “structures” and extend their insights to other aspects of the draft. <ul style="list-style-type: none"> • Sec. 1.6 Growing food (specific protocols to keep produce from becoming contaminated) Re: Commercial use: There is already an ordinance for 	<p>Austin Sumner to follow up w/ chicken inspector for Mobile Slaughter and the state vet (Kristin Hausz) about guidelines for disposal of animal waste after slaughter.</p> <p>Mary Hart to call Tom Morrill at Champlain Waste and Water.</p> <p>David Casey to contact CSWD re: acceptable municipal waste. Check with DPW re: road kill disposal.</p> <p>Austin Sumner to communicate protocol for Gene Bergman to review the ordinance.</p> <p>UA Committee to clarify language around waste</p>

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	<p>regulating vegetables and produce. (state statutes)</p> <ul style="list-style-type: none"> Addressing ONLY non-commercial purposes. Conservation Law Foundation will be (and now is) looking at entire Urban Ag ordinance language (structures, animals, slaughter, sales, zoning, etc.). Proposed City urban ag ordinance would allow commercial urban ag to take place on any size piece of land. If any animal can be raised within restrictions set by City livestock ordinance, then it can also be raised commercially as long as it also meets other Federal and State requirements (which don't really deal with # animals/lot size). 	<p>disposal. David Casey to send revision of 1.81 will for BOH review.</p> <p>Urban Ag Task Force to present Urban Agriculture Ordinance to Public Works Commission on March 26, 2013.</p> <p>BOH approves supporting the direction of the subcommittee with efforts to be focused on NON-COMMERCIAL activities.</p>
5. Chair's Report	<p>Report to City Council</p> <p>Appointees to BOH</p> <p>Suggestion to push agenda and not have speakers.</p>	<p>Austin Sumner to draft report to City Council highlighting strategic plan objectives.</p> <p>Mary Hart and Julie Hathaway will follow protocol as established by the city council to seek reappointment to membership on the Board of Health.</p>
<p>6. Strategic Planning Subcommittee Reports</p> <ul style="list-style-type: none"> Substance Abuse 	<ul style="list-style-type: none"> How can the Board best assist with drug addiction, recovery and crime? Substance Abuse recovery resources in Burlington: - Julie Hathaway contacted Barbara Cimaglio (Deputy Commissioner for Alcohol and Drug Abuse Programs at the Vermont Department of Health) and learned about the "Hub and Spoke" Initiative 	<p>Julie Hathaway to attend Chief Schirling – BPD – Service Executive Meeting to learn more about existing services and resources on March 27, 2013 8-9am.</p> <p>Julie Hathaway to meet with Barbara Cimaglio March 26th.</p> <p>FPF posting that April 27th is next Drug Take Back David Casey will forward Take Back Drug</p>

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	(Addendum A)	Day. information.
	<p>Can the BOH help recruit more “spokes” in Burlington?</p> <p>Examine ways for safe disposal of medications to reduce abuse, crime and environmental impacts.</p> <p>Mary Hart suggested BOH continue outreach support for educational prevention programs – working with interns, guidance counselors with groups, and resource officer.</p> <p>Ideas:</p> <p>Safe disposal of drugs:</p> <ul style="list-style-type: none"> • Encourage more frequent take in of drugs. • Sponsor a bill that would charge a surtax on all narcotics so that there would be safe disposal of drugs? <p>There is a critical need for BOH to build partnerships and coalitions to help strengthen public health messages.</p> <p>*****</p> <p>Vermont Food Task Force: UVM Extension looking at food safety issues. VDH is on this task force. Should there be more stakeholders?</p> <p>Food Safety Modernization Act just opened for public comment today. Contaminated produce is one issue.</p> <p>Can BOH can be helpful with a walk- through of Farmers’ Markets? African Community wants some mobile food carts as well.</p> <p>*****</p> <p>P.O.P.E. has changed its name to Healthy Lawns, Healthy Lives. Successful display at 2013 Vermont</p>	<p>*****</p> <p>July 12, 2012 BOH minutes contain information from Burlington Farmers’ Markets’ representatives.</p> <p>BOH consensus that Caroline Tassey participate on Vermont Food Task Force.</p> <p>Caroline Tassey to serve on the Food Task Force: and will follow-up with Liz Wirsing at VDH (grant recipients).</p> <p>*****</p>
<ul style="list-style-type: none"> • Food Safety 		
<ul style="list-style-type: none"> • Pesticide Ordinance Public Education 		

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<ul style="list-style-type: none"> School Inspections 	<p>Flower Show. 11 attendees at March 5, 2013 meeting. Scheduling April meeting with all lawn lab partners with Vermontivate outreach speaker as part of the agenda. (Addendum B)</p> <p>*****</p> <p>No Report</p>	<p>*****</p> <p>David Casey to write report on CP Smith Inspection.</p>
<p>7. Staff Report</p> <ul style="list-style-type: none"> NALBOH membership Web Updates/Front Porch Forum 	<p>Published Meals on Wheels Needs</p> <p>Need to map out public service announcements for future months.</p>	<p>BOH approved \$140.00 NALBOH membership fee</p> <p>BOH members will suggest posting for National Public Health Week April 1 – 5, 2013.</p> <p>Julie Hathaway will draft up announcement for tetanus shots.</p> <p>David Casey to draft up strategic plan focus for posting.</p>
<p>8. Agenda Items/Next Meeting</p>	<p>Re-appointment of City Health Officer</p> <p>Updates on:</p> <ul style="list-style-type: none"> Urban Agriculture Ordinance Food Safety Substance Abuse Issues Healthy Lawns Healthy Lives Emergency Preparedness Training School Inspections BOH Budget NALBOH Conference Attendance Front Porch Forum – Announcements 	
<p>9. Adjournment</p>	<p>8:15 PM</p>	

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ADDENDUM A – Integrated Treatment Continuum for Substance Use Dependence “Hub/Spoke” Initiative



January 2012

Integrated Treatment Continuum for Substance Use Dependence “Hub/Spoke” Initiative—Phase 1: Opiate Dependence

Current State of Prescription Drug Abuse and Treatment in Vermont

Prescription drug abuse is the nation's fastest-growing drug problem. While Vermont is consistently ranked the “healthiest state” by many measures, it ranked 34th worst of all the states in the non-medical use of pain relievers. Other opiates overtook heroin in 2006 as the primary source of opiate addiction. In addition, drug diversion continues to be a problem for many reasons, including illegal sale and distribution, “doctor shopping,” forged prescriptions, employee theft, pharmacy theft, and obtaining prescriptions over the Internet.

The Agency of Human Services (AHS) is collaborating with community providers to create a coordinated, systemic response to the complex issues of opiate and other addictions in Vermont. Medication assisted treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders. Research shows that when treating substance-use disorders, a combination of medication and behavioral therapies is most successful.

Although this initiative initially focuses on medication assisted treatment for individuals with opiate addictions, it creates a framework for integrating treatment services for other substance abuse issues and co-occurring mental health disorders into the medical home through a managed approach to care. In addition, this treatment approach will help reduce recidivism in corrections and enhance outcomes for families where addiction is an identified problem for child welfare.

Each year, more Vermonters seek treatment for opiate addiction. (Figure 1). The majority of MAT patients receive buprenorphine as prescribed by a physician in a medical office setting. Methadone, unlike buprenorphine, is a highly regulated treatment provided in specialty clinics.

Waiting lists for methadone indicate insufficient treatment capacity and fewer providers are willing to prescribe buprenorphine for new patients.

Overall health care costs are approximately three times higher among MAT patients than within the general Medicaid population. In addition to the costs directly associated with medication assisted therapy, these individuals have high rates of co-occurring mental health and other health issues and are high users of emergency rooms, pharmacy benefits, and other health care services.

	Medicaid Population*	Buprenorphine Clients	Methadone Clients
Total People Served	146,030	2801	614
Annual Per Capita Cost	\$4,553	\$12,995	\$13,523
Total Expenditures	\$661,221,169	\$36,372,106	\$8,303,369

*less top 5% high cost, maternity and neonate



Figure 1

Integrated Treatment Continuum for Substance Use Dependence “Hub/Spoke” Initiative—Phase 1: Opiate Dependence

Page 2

Opiate Addiction Treatment

Medication assisted therapy (MAT), such as methadone and buprenorphine in combination with counseling, has long been recognized as the most effective treatment for opiate addiction. These medications suppress the craving for opiates, thereby reducing relapse. Effective MAT programs also provide services such as mental and physical healthcare, case management, life skills training, employment, and self-help. The length of the course of treatment is individually determined according to patient need and criteria. MAT services are cost effective over time because they help stabilize the health of patients, increase their rate of employment and decrease involvement in the criminal justice system.

Figure 2 illustrates how opiate addiction treatment is integrated into the current health and substance abuse treatment continuum of care.

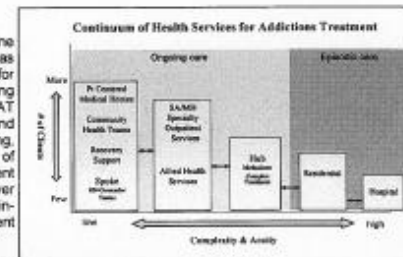


Figure 2

Solution: Implement a “Hub and Spoke” System to Provide Appropriate Care

“HUB”

A Hub is a specialty treatment center responsible for coordinating the care of individuals with complex addictions and co-occurring substance abuse and mental health conditions across the health and substance abuse treatment systems of care. A Hub is designed to do the following:

- Provide comprehensive assessments and treatment protocols.
- Provide methadone treatment and supports.
- For clinically complex clients, initiate buprenorphine treatment and provide care for initial stabilization period.
- Coordinate referral to ongoing care.
- Provide specialty addictions consultation and support to ongoing care.
- Provide ongoing coordination of care for clinically complex clients.

“SPOKE”

A Spoke is the ongoing care system comprised of a prescribing physician and collaborating health and addictions professionals who monitor adherence to treatment, coordinate access to recovery supports, and provide counseling, contingency management, and case management services. Spokes can be:

- Blueprint Advanced Practice Medical Homes
- Outpatient substance abuse treatment providers
- Primary care providers
- Federally Qualified Health Centers
- Independent psychiatrists



Figure 3

Figure 3 outlines the components of the system.

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Caseload and Cost Model, Phase 1: Opiate Dependence - SFY 2013 & 2014

Projected Caseloads: To help determine the growing demand for treatment, caseload projections for SFY 2013 and SFY 2014 were based on actual buprenorphine growth trends from 2003-2010. Using risk stratification, 65% of cases are apportioned to the "spokes" and 35% to the "hubs." Estimated caseloads are:

- SFY 2013: 4,753
- SFY 2014: 5,323

This represents significant growth over the SFY2011 case load of 3,415 Vermonters receiving medication assisted treatment.

Cost Modeling

(1) Statewide system investments:

- Expand methadone treatment capacity statewide.
- Support five geographically distributed specialty addiction treatment centers.
- Support buprenorphine prescribers by augmenting Community Health Teams with nurses and substance abuse/mental health counselors.

(2) Staffing and operating expenses determined with provider and other stakeholder involvement:

- HUB: 21.7 FTE (clinical, lab, support staff, facility, security, etc.) per 400 patients served.
- SPOKE: Two FTE licensed clinicians (1 RN and 1 licensed mental health/substance abuse clinician) per 100 patients.

(3) Initial system offsets and sustainability:

- New system costs are offset by ADAP's existing appropriation and DVHA's current spending on the MAT population.
- DVHA will reinvest savings from improved care coordination and an enhanced federal match to sustain the new system.
- ACA 2703 enhanced federal match: 90/10 for eight quarters where new initiative is implemented.
- Estimated reductions in health care savings in select high cost / high use categories such as pharmacy, inpatient, emergency room, lab, and residential treatment.
- Additional societal impacts and savings anticipated in areas such as corrections, employment, and children in custody (will be identified as part of evaluation design).

Total Costs: New system is cost neutral for first two years (SFY 2013-2014).*

* Assumes approved State Plan Amendment under ACA Section 2703 for Health Homes and SFY 2013 ADAP appropriation request.

	2013	2014
HUB & SPOKE TOTAL:	\$11,411,052	\$ 18,364,691
ADAP net of appropriation:	\$ 2,886,749	\$ 6,368,371
DVHA Investment net of new costs:	\$ 1,249,311	\$ 1,704,807
TOTAL NEW SYSTEM COSTS:	\$ 4,136,059	\$ 8,073,278
State Share:	\$ 35,411	\$ 13,239
Federal Share:	\$ 4,100,649	\$ 8,060,039

Caseload and Cost Model, Phase 1: Opiate Dependence - SFY 2013 & 2014

Blueprint Health Care Reform Integration: New system approach aligns with Blueprint Advanced Primary Care Practices and Community Health Teams (Figure 4).

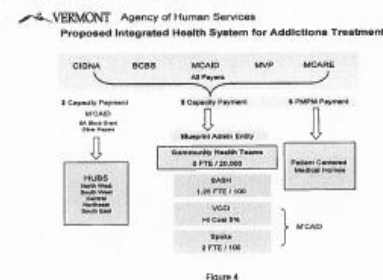


Figure 4

Evaluation

- Design evaluation before implementation begins.
- Flag participants of "Hub and Spoke" services in VHCURES all payer data base.
- Create an addictions measure set in DocSite for care and evaluation.
- Include AHS partners and subject matter experts in building evaluation model.
- Include required ACA 2703 evaluation components (utilization, savings, outcomes, ROI, etc.).

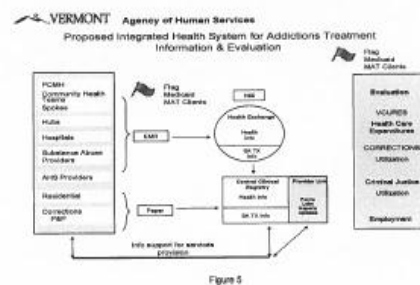


Figure 5

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ADDENDUM B – Pesticide Ordinance Public Education AKA Healthy Lawns Healthy Lives

P.O.P.E. Meeting
TUESDAY, MARCH 5, 2013 – DPW – Pine Street- Large Conference Room
4:30 – 6:00 PM

Attending: *Jess Hyman, Ross Saxton, Lisa Hoare, David Casey, Bill Ward, Jurij Homziak, Alan Sousie, Jay Vos, Jon Becker, Julie Hathaway, Mandy Boyers, Linda Ayer*

A. Outreach Education (social media, events) of Alternatives to Prevent Pesticide Contaminations

Assessment of Vermont Flower Show March 1, 2, 3, 2013 – GreenWorks – Champlain Valley Expo

Thank you to volunteers who monitored POPE display table!

Two lawn lab partners: Dean Corren & Cindy Wolkin, Gerry & Ginny Couture

Board Members: David Casey, Mary Hart, Caroline Tassey & John Moore, Emma Hevey, Linda Ayer

Friends of Burlington Gardens VCG: Jess Hyman & Denise Quick; LCI BLUE: Ross Saxton

P.O.P.E. members: Jay Vos, Mandy Boyers, Alan Sousie

Through an informal survey questions asked of the Flower Show attendees, it was determined that approximately 200 people visited the table where they were provided information about pesticide use in conversations and through literature about Burlington's ordinance, LCI-Blue Program, and VT Community Gardens Programs. Easel displays, chia seedling cups, and stickers drew people attending the show to the table display. Most of the visitors were NOT using pesticides/herbicides or Weed & Feed or Roundup products.

All at the POPE meeting agreed that this was a worthwhile outreach effort.

Continue to provide opportunities for community involvement in getting out the message.

Ideas:

- Visit NPA meetings
- Suggestions to display at Kids Day events in May and June and to coordinate with City Markets Spring "trade in your gas mower" campaign to have a display table.
- Post Healthy Lawns, Healthy Lives and BLUE program placards on larger properties (i.e. schools, library, hospital, cemeteries) that are using safe lawn practices.

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B. Lawn Labs Next Steps - Current and New Applicants :Training, Protocol, Data Collection, Sponsors

Decision to rename P.O.P.E. to “*Burlington Healthy Lawns Healthy Lives*” – bird logo

Advertise on FPF for new lawn lab partners

- UVM extension, Sid Bosworth, to still offer Turf Maintenance seminar
- Soil Test – free to Lawn Lab partners?
- Products – Gardeners Supply?
- Aerator - DR ?

Data Collection: will data show what works? (i.e. 3 year cycle, weed counts, appearance, water quality, ease of use. Is using the new method comparable to standard treatment results, cost?)”.

- **Ross Saxton** LCI-BLUE Certification Program to explore collaboration with Branch Out Burlington, VCG and Lawn Labs to explore a whole neighborhood lawn lab demonstration project. Select large area Center City, New North End, South End. Mapping is already done through “open space.
- **Jurij Homziak, David Casey and Bill Ward** to create **Best Management Practices**.
- **Lisa Hoare & Jon Becker** to design a cost analysis of lawn maintenance of traditional products and pesticide free products. This could be used as a poster display.
- **Jay Vos** to check on dates to do a Lawn Labs Display w/ City Market.
- **Jess Hyman** to check out options for displays at Parks and Recreation events. (May 4th, May 11th?)
- **Lisa Hoare, Jurij Homziak and David Casey** to conduct a spring class on pesticide free lawn maintenance through FAHC community health programs in April 2013.
- **Alan Sousie** to gather info about amount of pesticides and herbicides sold at local stores.
- **Julie Hathaway, Mandy Boyers, Linda Ayer, Ross Saxton** to work on selecting information, and designing formats of postings on various media avenues. Jen Day at WCAX – FOX News; Andy Bromage 7Days; Deb Lyons -Puppets in Education; web page, blog.
- **Linda Ayer** to continue pesticide postings on FPF (emphasize connection btwn algae blooms and pesticide use) Invite Kathryn Blume – environmentalist, to talk about media outreach program VERMONTIVATE as a vehicle to engage Burlington community in Healthy Lawns, Healthy Lives effort. <http://vermontivate.com/splash/>

Healthy Lawns, Healthy Lives hopes to encourage lawn lab partners to get involved in more of the planning and action of this group.

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